

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 181
Registered No. 265

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 407 Gibson St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Perez

(If child is not yet named, make supplemental report, as directed)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth June 26-1927
Month Day Year

8. FATHER
Full name Jose Garcia Perez

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Spanish 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Francos, Spain
(State or country)

13. Occupation Prop.
Nature of industry Pool Hall

14. MOTHER
Full maiden name Segunda F. Herpa

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race Spanish 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) San Felez, Spain
(State or country)

19. Occupation _____
Nature of industry Housewife

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3
(b) Born alive but now dead _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 a. m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Cyril M. Brown M.D. Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year 479-1026-281 Filed July 7, 1927 Registrar W. E. Dyer

ORDER OF BIRTH